

OCCUPATIONAL WORKLOAD AND ITS ASSOCIATION WITH PSYCHOLOGICAL HEALTH AMONG EMERGENCY DEPARTMENT NURSES: A CROSS SECTIONAL STUDY IN TERTIARY CARE HOSPITALS

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ABSTRACT

Nurses form the largest group within the healthcare workforce and are integral to patient care delivery. Emergency nurses, specifically, are responsible for managing acute medical situations, stabilizing patients, and making quick decisions under pressure. To assess the psychological impact of workload on emergency nurses, including burnout, anxiety, and depression. The study utilized a cross-sectional design to investigate the psychological impacts of workload on emergency department nurses in tertiary care hospitals of Peshawar. The research was conducted in the emergency departments of Hayatabad Medical Complex (HMC) and Khyber Teaching Hospital (KTH), with the study population comprising all emergency nurses working in these hospitals. A census sampling technique was employed, including all registered nurses directly involved in patient care with at least one year of experience, while excluding those in administrative roles. Data was collected using a modified questionnaire adapted from the Maslach Burnout Inventory. The findings show burnout was widespread, with moderate levels of emotional exhaustion (74.2%) and depersonalization (75.8%) due to high workloads and limited psychological support (26, 30-31). Despite challenges, 84.8% reported positive personal accomplishment, influenced by cultural caregiving values (24, 30). These findings underscore the need for interventions to reduce stress and enhance job satisfaction.

Keywords: Burnout, Emergency Nurses, Psychological health, KTH, HMC

Introduction

The healthcare sector is one of the most demanding fields worldwide, requiring significant physical and mental resilience, particularly from those working in emergency settings. Emergency nurses play a crucial role in patient care, often working in high-stress, high-stakes environments that demand constant vigilance, fast decision-making, and multitasking in the face of uncertainty (Caulfield et al., 2023). In tertiary care hospitals, where emergency nurses encounter a broad spectrum of critical cases, the impact of workload on psychological health is particularly concerning (Soto-Castellón et al., 2023). This chapter introduces the effects of workload on emergency nurses' mental health in tertiary care hospitals of Peshawar, Pakistan. It outlines the background, rationale, and objectives of this study and discusses the significance of examining this issue in the context of tertiary care facilities.

Nurses form the largest group within the healthcare workforce and are integral to patient care delivery. Emergency nurses, specifically, are responsible for managing acute medical situations, stabilizing patients, and making quick decisions under pressure (Lyneham et al., 2008). The unique challenges they face in emergency departments (EDs) are characterized by long working hours, understaffing, the need for rapid assessment and intervention, and the presence of critically ill patients. Such conditions contribute to a substantial workload that not only tests their clinical skills but also impacts their mental well-being. Studies have shown that high workloads and the accompanying stress can have severe implications for nurses' psychological health, resulting in conditions like burnout, anxiety, depression, and post-traumatic stress disorder (PTSD) (Sorour & El-Maksoud, 2012).

The concept of workload encompasses both physical and psychological components. It involves the number of tasks, the time pressure associated with task completion, and the physical and cognitive

effort required to meet job demands. In the context of emergency nursing, workload can be intense and unpredictable, influenced by factors such as patient inflow, the complexity of medical cases, and resource limitations (McDermid et al., 2020). The mental toll of these conditions is profound, often exacerbated by the lack of institutional support and the stigmatization of seeking mental health support among healthcare providers (Adriaenssens et al., 2011). Workload among nurses in emergency settings is a widely studied phenomenon due to its significant impact on their psychological well-being. In high-stakes environments like tertiary care hospitals, excessive workload can lead to stress, burnout, and other psychological disorders. This review synthesizes global, regional, and local literature on the topic to explore studies about factors contributing to workload, its effects on psychological health.

Common Psychological Health Issues

Occupational Burnout: Approximately 48.1% of emergency nurses experience severe burnout, which is exacerbated by high role stress.

Depression: A significant 54.6% of emergency nurses report depressive symptoms, with burnout accounting for 37.1% of the variance in depression levels (Zakeri et al., 2021).

Anxiety: High levels of work conflict correlate with increased anxiety, with nurses reporting three times the likelihood of screening positive for anxiety when facing workplace conflicts (Norful et al., 2017).

Relationship with Workload

Cognitive Mental Workload: Emergency nurses operate under high cognitive demands, which can lead to burnout and negatively impact patient care (Soto-Castellón et al., 2023).

Work Stress Correlation: A direct relationship exists between workload and work stress, with studies showing significant p-values indicating that increased workload leads to heightened stress levels (Reganata & Saputra, 2022).

Globally, research indicates that high workloads contribute to stress, burnout, and other psychological issues among emergency nurses. Studies from the United States highlight the prevalence of burnout, with more than 40% of emergency nurses reporting symptoms of emotional exhaustion and depersonalization (Khamisa et al., 2016). European studies have similarly shown that workload leads to decreased job satisfaction and increased turnover intentions among nurses (Aiken et al., 2014).

In Australia, a study found that nurses working extended hours were more likely to experience symptoms of anxiety and depression. Moreover, inadequate staffing levels were identified as a critical factor exacerbating workload stress, negatively impacting patient care and outcomes.

The mean nurse-to-patient ratios reported are concerning, with averages of 1:15 during the morning shift and 1:7 during the afternoon shift, which exceed recommended levels.

Only one-third of the ratios fall within the acceptable range of 1:4, predominantly during night shifts (Lyneham et al., 2008).

Impact on Patient Care

High workloads are linked to increased risks of adverse patient outcomes, including complications and mortality. Nurses report leaving tasks incomplete, with an average of 2.1 tasks not completed per shift when workloads are excessive (Lyneham et al., 2008).

Job Demands and Control: Emergency nurses face high job demands with low control, contributing to stress and burnout (Adriaenssens et al., 2011).

Social Support: Lack of adequate support from supervisors and colleagues exacerbates the negative effects of high workloads

Addressing staffing issues and enhancing organizational support structures are essential for improving emergency nurses' well-being and retention (Caulfield et al., 2023).

Emergency nurses reported medium to high levels of mental workload, influenced by environmental conditions such as noise and lighting (Lyneham et al., 2008).

Problem Statement

Workload-induced stress in emergency nursing is a pressing concern, particularly in tertiary care hospitals of Peshawar, where resources are often constrained, and demand for care is high. While the nursing profession is demanding globally, nurses in low- and middle-income countries, such as Pakistan, face unique challenges due to limited staffing, scarce resources, and inadequate mental health support (Ansari et al., 2015). The high-stress environment of EDs in these regions can exacerbate psychological health issues, affecting not only nurses' quality of life but also patient outcomes and overall healthcare quality.

Despite the recognized importance of this issue, limited research exists on the impact of workload on emergency nurses' psychological health in Pakistan. This study aims to fill this gap by exploring how workload affects the mental well-being of emergency nurses in tertiary care hospitals in Peshawar, a city that serves as a hub for patients from across the Khyber Pakhtunkhwa (KP) province and surrounding areas. Understanding the link between workload and psychological health in this context is essential for developing targeted interventions and policies to support emergency nurses' well-being.

Objectives of the Study

This study seeks to achieve the following objectives:

1. To assess the psychological impact of workload on emergency nurses, including burnout, anxiety, and depression.

Research Questions

This study aims to answer the following research questions:

1. How does workload impact the psychological health of emergency nurses in these settings?

Significance of the Study

The psychological well-being of emergency nurses has implications that extend beyond individual health. Research has demonstrated a direct link between nurses' mental health and patient care quality, as stressed or burned-out nurses may be more prone to errors, experience reduced empathy, and have decreased productivity (Alomari et al., 2021). In emergency settings, where seconds can be the difference between life and death, the mental state of the caregiver is crucial. A healthy and mentally resilient nursing staff is essential for delivering timely, effective, and compassionate care.

This study is particularly significant for Pakistan, where healthcare resources are often strained, and the patient-to-nurse ratio remains high. By examining the workload-related mental health challenges faced by emergency nurses, this research can inform hospital administrators, policymakers, and healthcare educators about the urgent need for support systems tailored to emergency settings. Additionally, the study can provide insights into the necessity of mental health programs and the adoption of policies that promote work-life balance and mental health resilience among emergency nurses in Pakistan.

Rationale

Emergency nurses work in highly demanding environments where they manage life-threatening cases, often with limited time and resources. The intense workload in these settings can significantly impact their psychological well-being, leading to issues such as burnout, anxiety, and depression (Das et al., 2016). In Pakistan, particularly in the tertiary care hospitals of Peshawar, the pressure is amplified

by high patient volumes, resource constraints, and cultural barriers that discourage mental health support. Despite these challenges, there is limited research on how workload affects the mental health of emergency nurses in Pakistan.

This study aims to fill that gap by examining the specific mental health impacts of workload on emergency nurses in Peshawar.

Operational definitions

Nurse: The registered nurse working in emergency department with at least one year experience.

Effect: A psychological condition emerging as a prolonged response to chronic job stressors, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Assessed using the **Maslach Burnout Inventory (MBI)** (Maslach et al., 1996), which includes three subscales:

- **Emotional Exhaustion (EE):** which has 9 question and 5 Likert scale for each question and total score of 45
- **Depersonalization (DP):** 5 questions and total score of 25
- **Personal Accomplishment (PA):** 6 question and total score of 30

Those who score more than 60 percent in the first 2 categories and less 30 percent in Personal Accomplishment (PA) category will be considered as high level burn out

Health: the mental wellbeing of emergency nurses which will be assessed through Maslach burnout inventory.

Hypothesis

Null Hypothesis (H0): There is no significant relationship between workload and the psychological health of emergency nurses in tertiary care hospitals of Peshawar.

Alternative Hypothesis (H1): There is a significant relationship between workload and the psychological health of emergency nurses in tertiary care hospitals of Peshawar.

METHODS

Study Design

The study design for this study was analytical cross-sectional design to investigate psychological impacts of workload in emergency department of tertiary care hospitals of Peshawar.

Study Setting

The study setting was Hayatabad medical complex and Khyber teaching hospital Peshawar.

Study Population

The study population was emergency nurses of KTH and HMC.

Sample Size

All emergency nurses

Sampling Technique

Census was used as sampling technique.

Data collection tool and procedure:

Data was collected through a modified questionnaire adapted from Maslach burnout inventory. The questionnaire was distributed physically and also shared online with the participants through google form.

Data analysis

Data was analyzed through SPSS version 22. Where frequencies and simple statistics for nominal variables were calculated and descriptive statistics for demographic variables. Different tests were

applied to find the level of burnout among emergency nurses.

Inclusion Criteria:

- Registered nurses directly involved in patient care
- Nurses with at least one year experience in emergency department

Exclusion Criteria: Nurses who are involved in administration.

RESULTS

This chapter provides comprehensive description of the results and findings of the research's study. It begins with the demographic information of the participants such as age, gender, marital status and working area. Tables display descriptive statistics such as mean and standard deviation. Additionally, frequencies and percentages of the questionnaire elements are also calculated and tables are drawn. Inferential statistics are used to present potential association between demographic variables and the level of barriers and practices and comprehensive findings are presented.

4. Demographic data

4.1 Age:

The majority of participants (90.9%) were in the 25-30 years age range. Only 6.1% were between 31-35 years, and 3.0% were between 36-40 years.

Table 1: *Age (Years)*

Age Range	Frequency	Percent
25-30 yrs	60	90.9
31-35 yrs	4	6.1
36-40 yrs	2	3.0
Total	66	100.0

4.2 Gender:

A significant portion of the participants were female (74.2%), while 25.8% were male.

Table 2: *Gender*

Gender	Frequency	Percent
Male	17	25.8
Female	49	74.2
Total	66	100.0

4.3 Marital Status

Most participants were unmarried (68.2%), and 31.8% were married.

Table 3: *Marital Status*

Marital Status	Frequency	Percent
Married	21	31.8
Unmarried	45	68.2
Total	66	100.0

4.4 Educational Level

The highest percentage of participants (56.1%) had a Post RN qualification, followed by 22.7% with a BSN. 19.7% had a diploma, and 1.5% had an MSN.

Table 4: *Educational Level*

Education Level	Frequency	Percent
Diploma	13	19.7
Post RN	37	56.1
BSN	15	22.7
MSN	1	1.5
Total	66	100.0

4.5 Total Experience as a Nurse (Years)

The majority of participants (92.4%) had 1-3 years of nursing experience. 6.1% had 4-6 years of experience, and 1.5% had 10-12 years.



Table 5: *Total Experience as a Nurse (Years)*

Experience	Frequency	Percent
1-3 yrs	61	92.4
4-6 yrs	4	6.1
10-12 yrs	1	1.5
Total	66	100.0

4.6 Experience in Emergency Department

Most participants (87.9%) had 1-2 years of experience in the emergency department. 7.6% had 3-5 years, and 4.5% had 6-8 years of experience.

Table 6: *Experience in Emergency Department*

Experience	Frequency	Percent
1-2 yrs	58	87.9
3-5 yrs	5	7.6
6-8 yrs	3	4.5
Total	66	100.0

Section 1: Emotional Exhaustion (EE)

STATEMENT	ATTRIBUTE	FREQUENCY	PERCENT (%)
I FEEL EMOTIONALLY DRAINED	Never	9	13.6
	Rarely	11	16.7
	Sometimes	38	57.6
	Often	6	9.1
	Always	2	3.0
	Total	66	100.0
I FEEL FATIGUED IN THE MORNING	Never	9	13.6
	Rarely	15	22.7
	Sometimes	20	30.3
	Often	13	19.7
	Always	9	13.6
	Total	66	100.0
I FEEL EXHAUSTED	Never	8	12.1
	Rarely	11	16.7
	Sometimes	33	50.0
	Often	8	12.1
	Always	6	9.1
	Total	66	100.0
I FEEL I'M WORKING TOO HARD	Never	5	7.6
	Rarely	13	19.7
	Sometimes	18	27.3
	Often	13	19.7
	Always	17	25.8
	Total	66	100.0
WORK TAKING TOLL ON PHYSICAL HEALTH	Never	11	16.7
	Rarely	10	15.2
	Sometimes	23	34.8
	Often	14	21.2
	Always	8	12.1
	Total	66	100.0
I FEEL BURNED OUT	Never	15	22.7
	Rarely	16	24.2
	Sometimes	19	28.8
	Often	14	21.2
	Always	2	3.0
	Total	66	100.0

I FEEL I'M AT THE END OF MY ROPE	Never	18	27.3
	Rarely	13	19.7
	Sometimes	25	37.9
	Often	8	12.1
	Always	2	3.0
	Total	66	100.0
I FEEL I'M RUNNING ON EMPTY	Never	21	31.8
	Rarely	19	28.8
	Sometimes	18	27.3
	Often	6	9.1
	Always	2	3.0
	Total	66	100.0
I FEEL MY EMOTIONS ARE DRAINED	Never	16	24.2
	Rarely	15	22.7
	Sometimes	18	27.3
	Often	12	18.2
	Always	5	7.6
	Total	66	100.0

The findings of this section indicate that a majority of participants experience varying degrees of emotional and physical fatigue, though the intensity and frequency of these feelings differ among individuals. When asked if they felt emotionally drained, most participants (57.6%) reported feeling this way sometimes, with only 3.0% stating they always felt emotionally drained, suggesting that emotional fatigue was not a constant experience for most. Regarding morning fatigue, 30.3% of participants reported feeling fatigued sometimes, while 13.6% never felt this way, highlighting that morning fatigue was a moderate issue for many but not universal.

In terms of exhaustion, half of the participants (50%) felt exhausted sometimes, while only 9.1% indicated they always felt exhausted, suggesting that exhaustion was a recurring issue but not constant for most. When asked if they felt they were working too hard, 25.8% of participants stated they always felt this way, whereas 7.6% reported never feeling

that they were working too hard, pointing to a significant portion of participants feeling the demands of their work but not experiencing it as overwhelming at all times.

The toll of work on physical health was reported by 34.8% of participants, who indicated that it sometimes affected their health, while 12.1% always felt this toll, showing that work had a noticeable physical impact on many, but it was not a constant issue for all. Burnout was reported by 28.8% of participants as happening sometimes, with only 3.0% indicating they always felt burned out, suggesting that while burnout was felt intermittently, it was not a severe, ongoing experience for most.

Regarding feelings of being "at the end of their rope," 37.9% of participants felt this way sometimes, with only 3.0% stating they always felt this way, indicating significant stress but not a constant state of feeling overwhelmed. When participants were asked if they felt they were "running on empty," the

highest percentage (31.8%) responded that they never felt this way, while 9.1% said they often felt empty, suggesting that many had enough energy, but some experienced significant exhaustion.

Finally, in response to whether they felt their emotions were drained, 27.3% of participants reported feeling this way sometimes, with 7.6% indicating they always felt emotionally drained,

Section 2: *Depersonalization (DP)*

highlighting that emotional depletion was a common issue for many, but not a continuous experience for most. Overall, the data suggests that while emotional and physical exhaustion is prevalent among participants, it is not a consistent, ongoing issue for most, with many reporting these feelings only occasionally or sometimes.

STATEMENT	FREQUENCY	PERCENT
I FEEL I'VE BECOME MORE CALLOUS TOWARD PEOPLE		
NEVER	5	7.6
RARELY	19	28.8
SOMETIMES	23	34.8
OFTEN	15	22.7
ALWAYS	4	6.1
I FEEL I'VE LOST TOUCH WITH MY EMOTIONS		
NEVER	12	18.2
RARELY	20	30.3
SOMETIMES	20	30.3
OFTEN	9	13.6
ALWAYS	5	7.6
I FEEL I'M JUST GOING THROUGH THE MOTIONS		
NEVER	16	24.2
RARELY	11	16.7
SOMETIMES	25	37.9
OFTEN	12	18.2
ALWAYS	2	3.0
I FEEL I DON'T CARE WHAT HAPPENS TO MY CLIENTS		
NEVER	44	66.7
RARELY	8	12.1
SOMETIMES	9	13.6
OFTEN	3	4.5
ALWAYS	2	3.0
I FEEL I'M NOT INVESTED IN MY WORK		
NEVER	32	48.5
RARELY	14	21.2
SOMETIMES	11	16.7
OFTEN	6	9.1
ALWAYS	3	4.5

The findings reveal that participants exhibited a range of responses regarding their emotional detachment and investment in their work. When asked if they felt they had become more callous toward people, the majority (34.8%) responded that this was sometimes the case, with 22.7% feeling this way often and only 6.1% stating that they always felt callous. This indicates that emotional detachment was a moderate concern for many, but not universally experienced.

Regarding whether participants felt they had lost touch with their emotions, 30.3% reported sometimes feeling this way, and 30.3% also felt it rarely, suggesting that emotional disconnect was an intermittent experience. A smaller proportion, 7.6%, stated that they always felt disconnected from their emotions.

In response to whether they felt like they were "just going through the motions," the majority (37.9%) stated that this was sometimes the case, and 24.2% never felt this way, implying that many participants felt disengaged at times but not continuously. Only

a small percentage (3.0%) indicated that they always felt as though they were just going through the motions.

Most participants (66.7%) strongly disagreed with the idea that they did not care about what happens to their clients, with 44 participants indicating they never felt this way. However, some participants did express occasional or frequent indifference, with 13.6% responding sometimes and 4.5% often or always. This suggests that while the majority of participants maintained a strong sense of care for their clients, a smaller group experienced moments of emotional distance.

Finally, when asked if they felt they were not invested in their work, 48.5% of participants reported never feeling this way, suggesting that most participants felt engaged in their work. However, 21.2% reported rarely feeling this way, and smaller percentages (16.7% and 9.1%) indicated that they sometimes or often felt disconnected from their work, reflecting a smaller but significant group of individuals experiencing disengagement.

Section 3: Personal Accomplishment (PA) Journal of Excellence in Education & Research

STATEMENT	FREQUENCY	PERCENT
I FEEL I'M MAKING PROGRESS IN MY WORK		
NEVER	2	3.0
RARELY	6	9.1
SOMETIMES	17	25.8
OFTEN	15	22.7
ALWAYS	26	39.4
I FEEL I'M EFFECTIVE IN MY ROLE		
NEVER	2	3.0
RARELY	4	6.1
SOMETIMES	11	16.7
OFTEN	13	19.7
ALWAYS	36	54.5
I FEEL I'M DOING A GOOD JOB		
NEVER	1	1.5
RARELY	8	12.1
SOMETIMES	6	9.1

OFTEN	15	22.7
ALWAYS	36	54.5
I FEEL I'M ABLE TO HANDLE MY WORKLOAD		
NEVER	1	1.5
RARELY	6	9.1
SOMETIMES	13	19.7
OFTEN	22	33.3
ALWAYS	24	36.4
I FEEL I'M ACHIEVING MY GOALS		
NEVER	3	4.5
RARELY	7	10.6
SOMETIMES	13	19.7
OFTEN	22	33.3
ALWAYS	21	31.8
I FEEL CONFIDENT IN MY ABILITIES		
NEVER	1	1.5
RARELY	6	9.1
SOMETIMES	2	3.0
OFTEN	21	31.8
ALWAYS	36	54.5

The findings reveal positive responses from participants regarding their sense of progress, effectiveness, and confidence in their work. When asked if they felt they were making progress in their work, 39.4% stated that they always felt they were making progress, and 22.7% reported often feeling this way. However, a smaller portion, 3.0%, indicated that they never felt they were making progress, with 9.1% stating they rarely felt this way. This suggests that most participants experienced a sense of advancement in their roles, but a small group felt otherwise.

Regarding effectiveness in their role, 54.5% of participants reported always feeling effective, and 19.7% felt often effective. A smaller percentage (16.7%) stated they sometimes felt effective, while only 3.0% and 6.1% felt rarely or never effective, respectively. These results indicate that the majority

of participants perceived themselves as effective in their roles, with only a minority expressing doubts.

When asked if they felt they were doing a good job, 54.5% of participants again reported always feeling they were doing well, while 22.7% felt often successful. Only 1.5% reported never feeling they were doing a good job, with 12.1% and 9.1% feeling they rarely or sometimes did a good job. This suggests that a significant majority had a positive view of their job performance.

Regarding their ability to handle workload, 36.4% of participants felt always able to handle their workload, and 33.3% reported often feeling this way. While most felt confident, a small percentage (1.5%) never felt capable of managing their workload, with 9.1% rarely feeling this way. This indicates that most participants felt comfortable managing their responsibilities, though a few struggled. When asked if they were achieving their

goals, 31.8% reported always achieving their goals, with 33.3% often achieving them. While a significant portion felt goal-oriented, 4.5% never felt they were achieving their goals, and 10.6% rarely did. However, 19.7% stated they sometimes achieved their goals, reflecting that while goal achievement was common, it was not universal.

Finally, when asked about their confidence in their abilities, 54.5% of participants reported always feeling confident, and 31.8% felt often confident. Only 1.5% never felt confident, and 9.1% rarely felt confident. This indicates that the majority of participants had strong confidence in their professional abilities, with only a few expressing low levels of self-assurance

Section 1: *Emotional Exhaustion*

Emotional Exhaustion Level	Frequency	Percent (%)
Low Burnout	13	19.7
Moderate Burnout	49	74.2
High Burnout	4	6.1
Total	66	100.0

The findings from the **Emotional Exhaustion (EE)** section of the Maslach Burnout Inventory highlight the varying levels of burnout experienced by nurses. Among the participants, 19.7% reported a low level of emotional exhaustion, indicating minimal burnout in this domain. The majority, 74.2%, experienced a moderate level of burnout, suggesting a significant prevalence of emotional exhaustion

among the nurses. Notably, 6.1% of participants reported a high level of emotional exhaustion, indicating severe burnout. These results underscore the need for targeted interventions to address and mitigate emotional exhaustion in nursing staff, particularly for those with moderate to high levels of burnout.

Section 2: *Depersonalization*

Depersonalization Level	Frequency	Percent (%)
Mild Burnout	7	10.6
Moderate Burnout	50	75.8
Severe Burnout	9	13.6
Total	66	100.0

In the assessment of depersonalization among nurses, the majority of participants (75.8%) exhibited moderate burnout levels. A smaller proportion, 13.6%, experienced severe burnout,

while only 10.6% reported mild burnout. These findings highlight that most nurses face a significant degree of depersonalization in their professional roles.

Section 3: *Personal Accomplishment*

Level of Burnout	Frequency	Percent (%)
Moderate level burnout	10	15.2
Low level burnout	56	84.8
Total	66	100.0

In the assessment of personal accomplishment among nurses, 84.8% of participants reported low levels of burnout, indicating a sense of achievement in their work. Conversely, 15.2% exhibited moderate levels of burnout. These findings suggest that most nurses perceive themselves as effective and capable in their professional roles despite the challenges they face.

Discussion

The findings of this study provide critical insights into the demographic characteristics, work experiences, and burnout levels among nurses. This discussion integrates relevant literature from global, Asian, and Pakistani contexts to contextualize the results and explore their implications for nursing practice and healthcare management. The data reveal that the majority of participants (90.9%) were between 25 and 30 years old. This age distribution aligns with global nursing workforce trends, where younger nurses often dominate due to the demanding nature of the profession and high attrition rates among older nurses (Siela et al., 2008). In Pakistan, this trend is particularly pronounced due to the increasing emphasis on healthcare education and early career entry (Shah et al., 2018).

Female nurses constituted the majority (74.2%), reflecting traditional gender roles in nursing worldwide and in Pakistan, where the profession is predominantly female. The underrepresentation of male nurses (25.8%) highlights ongoing challenges in diversifying the nursing workforce, especially in South Asia (Yasin et al., 2023). The findings indicate that 68.2% of participants were unmarried, likely reflecting the challenges of balancing family life with the demanding schedules of nursing. Similar trends have been observed in other Asian countries, where young, unmarried individuals form the bulk of the nursing workforce (de Vries et al., 2023).

More than half of the participants (56.1%) had Post RN qualifications, suggesting a well-educated workforce. This aligns with Pakistan's growing focus on advanced nursing education to improve healthcare outcomes. However, the low representation of MSN-qualified nurses (1.5%) highlights gaps in higher education opportunities for nurses in Pakistan compared to developed countries (Andlib et al., 2022). The majority of nurses (92.4%) had 1-3 years of total experience, and 87.9% had 1-2 years of experience in the emergency department. These findings reflect the youthful composition of the workforce and high turnover rates in emergency settings globally, which are also observed in Pakistan due to workplace stress and limited career advancement opportunities (Bibi et al., 2020).

The results indicate that 74.2% of participants experienced moderate burnout, and 6.1% reported high burnout. Emotional exhaustion is a well-documented issue in nursing, with studies from Asia and Pakistan highlighting similar trends due to high workloads, long hours, and emotional demands (Sani et al., 2024). These findings emphasize the urgent need for strategies to mitigate emotional fatigue, such as stress management training and workload redistribution. Moderate depersonalization was observed in 75.8% of participants, with 13.6% experiencing severe burnout. These findings are consistent with global and regional studies linking depersonalization to emotional fatigue and job dissatisfaction (Maslach & Leiter, 2016). In Pakistan, the lack of adequate psychological support exacerbates this issue, particularly in emergency departments (Shah et al., 2018). Low burnout levels were reported by 84.8% of participants regarding personal accomplishment, suggesting a generally positive perception of their professional efficacy. This contrasts with findings in some Western countries, where higher burnout levels in this domain are reported due to systemic

healthcare pressures (Siela et al., 2008). The cultural emphasis on altruism and caregiving in South Asia may contribute to this sense of achievement (Ghai et al., 2023).

CONCLUSION

This study highlights significant challenges faced by nurses, particularly in emotional exhaustion and depersonalization. While most nurses maintain a positive sense of personal accomplishment, systemic changes are needed to address burnout comprehensively. By drawing on global, Asian, and Pakistani perspectives, this discussion provides a foundation for future interventions aimed at improving the well-being and effectiveness of the nursing workforce.

Implications

These findings underscore the need for targeted interventions to address burnout. Implementing employee assistance programs, fostering supportive work environments, and providing opportunities for professional growth could reduce emotional exhaustion and depersonalization. Policymakers should prioritize investment in nursing education and workforce development, especially in regions like Pakistan. Strategies to retain nurses, including competitive salaries and flexible work arrangements, are critical. Further research is needed to explore the long-term impact of burnout on patient care and the efficacy of intervention strategies. Comparative studies across different healthcare settings can provide a broader understanding of burnout dynamics.

Limitations

The study is limited to tertiary care hospitals in Peshawar, which may not fully represent the experiences of emergency nurses in other regions or healthcare settings. The sample size may be constrained by the availability and willingness of

emergency nurses to participate, potentially limiting the generalizability of findings. The study relies on self-reported data through questionnaires or interviews, which are subject to bias, such as overreporting or underreporting due to social desirability or recall issues. As the study adopts a cross-sectional design, it captures data at a single point in time, limiting the ability to infer causality between workload and psychological health. Psychological health is a complex and multifaceted concept that may be influenced by individual differences, personal coping mechanisms, and external factors not accounted for in the study. Factors outside the scope of this research, such as workplace policies, interpersonal relationships, and organizational culture, may also affect psychological health, potentially confounding the results.

The study focuses exclusively on emergency nurses, and findings may not be applicable to nurses in other specialties or healthcare professionals in general. The limited time frame for data collection may prevent capturing long-term effects of workload on psychological health or changes over time. Cultural attitudes toward mental health in the region may influence the responses of participants and willingness to openly discuss psychological issues.

The availability of resources, such as funding and access to advanced psychological assessment tools, may restrict the depth and breadth of data collected. These limitations highlight areas where further research may be needed to provide a more comprehensive understanding of the relationship between workload and psychological health among emergency nurses.

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